



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06-15-2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Berkshire Hathaway Direct Insurance Company 1314 Douglas Street Omaha NE, 68102	CONTACT NAME:	
	PHONE 800-507-4495 (A/C, No, Ext):	FAX: 800-589-7316 (A/C, No):
	E-MAIL ADDRESS: service@threeinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Berkshire Hathaway Direct Insurance Company	NAIC # 10391
	INSURER B :	
INSURED JD Sowle Services Corp DBA JM Integrators 6863 Stonecrop Dr Mckinney, TX 75070-1725	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUB R WVD	POLICY NUMBER	POLICY EFF (MM/DD/Y YYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			CP140173883P2 021	06/08/2023	06/08/2024	EACH OCCURRENCE	\$ 1,000,000	
									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
									MED EXP (Any one person)	\$
									PERSONAL & ADV INJURY	\$ 1,000,000
A	X	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CP140173883 P2021	06/08/2023	06/08/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000	
									BODILY INJURY (Per person)	\$
									BODILY INJURY (Per accident)	\$
									PROPERTY DAMAGE (Per accident)	\$
		UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION \$ _____						EACH OCCURRENCE	\$	
									AGGREGATE	\$
										\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		CP140173883 P2021	06/08/2023	06/08/2024	<input checked="" type="checkbox"/> PER STATUT E	<input checked="" type="checkbox"/> OTHER	
A		ERRORS & OMISSIONS <input checked="" type="checkbox"/> CYBER <input checked="" type="checkbox"/>			CP140173883 P2021	06/08/2023	06/08/2024	PerOccur/Aggregate	\$1,000,000 / 3,000,000	
								PerOccur/Aggregate	\$1,000,000 / 3,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDERJD Sowle Services Corp DBA JM Integrators
6863 Stonecrop Dr
Mckinney, TX 75070-1725**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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